

The Quality Data, Quality Healthcare Act

Senator Tammy Baldwin (D-WI) and Senator John Thune (R-SD)

Increasing healthcare transparency – knowing exactly *how* our healthcare dollars are being spent– is an essential first step in improving quality and achieving savings. Medicare, the largest payer of healthcare in the U.S., spending almost \$600 billion for healthcare services each year, houses a wealth of information that can inform and empower providers in making better decisions to improve patient care and reduce costs. But before we can truly move our health system forward, it is critical that Medicare cost and utilization data is shared with the individuals who can best use it—doctors, health systems, private insurers, and research institutions.

Recent efforts to increase access to Medicare data are promising, but they lack the necessary context for consumers and clinicians to make more informed choices. Last year, the Centers for Medicare and Medicaid Services released the first annual public data set on Medicare provider payment data. However, this data is limited and insufficient to provide for analyses of the quality of care related to these expenditures, such as tracking performance over an episode of care, leaving a major gap in our ability to assess the value of Medicare spending.

The Qualified Entity (QE) program is a more promising effort created by Congress, as it allows organizations to access and analyze comprehensive Medicare data for select purposes. The QE program has the potential to empower our nation's healthcare decision-makers to make better choices. However, current law is far too restrictive on which organizations can participate in the QE program; what QEs can do with the Medicare data once they have received it; and the degree to which QEs can support their own data maintenance infrastructures.

There are two main roadblocks in current law to a better-functioning QE program:

- Reuse of Medicare data in the QE program is prohibited for any purpose other than creating publicly available performance reports. The most valuable potential use of Medicare data—giving physicians access for specific group-to-group comparisons or for analysis of their own performance—is not permitted.
- Organizations receiving data in the QE program are not permitted to charge subscribers for access to the data. This provision severely limits which organizations can participate in the QE program and the QE's ability to support their own advanced analyses.

The Quality Data, Quality Healthcare Act would provide for greater access to Medicare claims data by modernizing and reforming the QE program. The legislation would:

- Allow QE organizations receiving Medicare data to analyze and redistribute the data to authorized subscribers (insurers, health systems, and physicians) so that subscribers can make more informed decisions; and
- Permit those entities to charge a voluntary fee to their subscribers so that the organizations can conduct robust analyses to improve healthcare quality and reduce costs.

National Support for Reforming and Modernizing the QE Program

This approach was included in the bipartisan, bicameral SGR Repeal and Medicare Provider Payment Modernization Act of 2014 and is supported by a broad coalition, including: AARP, American Academy of Family Physicians, ASC Association, Health Collaborative, National Coalition on Health Care, National Association of Manufacturers, National Consumers League, National Retail Federation, Network for Regional Healthcare Improvement, Pacific Business Group on Health, and Midwest Business Group on Health.

In Wisconsin, the bill is supported by the ThedaCare Center for Healthcare Value, Wisconsin Collaborative for Healthcare Quality, Wisconsin Health Information Organization, Wisconsin Hospital Association, and the Wisconsin Medical Society.

Leading healthcare experts Dr. John Toussaint and Dr. Donald Berwick called for reform of the QE program in a June 2013 article in the *Journal of the American Medical Association*.¹

¹ "The Need for Access to Medicare Fee-for-Service Claims Data," Dr. John Toussaint and Dr. Donald Berwick, *Journal of the American Medical Association*, E1, June 10, 2013.